

BEAUMONT AGGIE MOMS CLUB MEMBERSHIP FORM

MOM (Please Print)

Last Name	First Name	
Address		
City	State	Zip
Home Phone	Cell Number	
E-mail Address (Print Carefully)		

I would like to participate in these committees:

<input type="checkbox"/> Boutique	<input type="checkbox"/> Raffles
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Sponsorships
<input type="checkbox"/> Publicity	<input type="checkbox"/> TLC Bags

☐ Regular Membership: \$20/year
(Payable to Beaumont Aggie Moms Club)
☐ Associate Membership: \$10/year

Mail to: Leslie Schroder, 131 Pinevale Way, Sour Lake, TX 77659.
beaumontaggiemoms@gmail.com Facebook: Beaumont Aggie Moms.

STUDENT 1

Class of _____

Last Name	First Name
Home Phone	Cell Number
E-mail Address (Print Carefully)	

STUDENT 2

Last Name	First Name
Home Phone	Cell Number
E-mail Address (Print Carefully)	

☐ Send my newsletter by e-mail.
☐ Send my newsletter by postal mail.

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